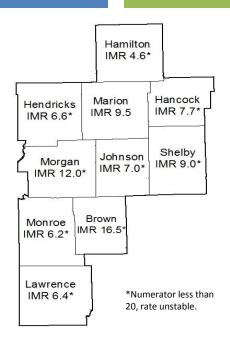
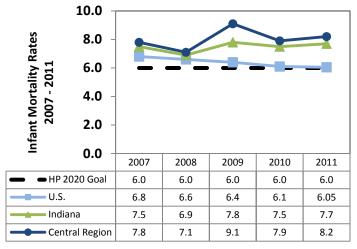
INFANT MORTALITY

CENTRAL HOSPITAL REGION 2011



For more information on infant mortality in your area, please see the Indiana State Department of Health Mortality Report, Tables 2 and 8 (http://www.in.gov/isdh/reports/mortality/2011/toc.htm)





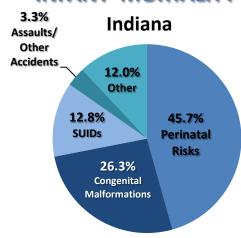
PRACTICES TO REDUCE INFANT MORTALITY

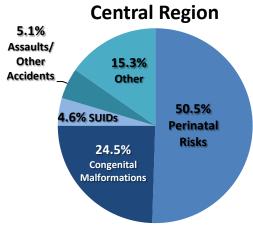
- Improve overall health for women of childbearing age
- Promote early & adequate prenatal care
- Decrease early elective deliveries before 39 weeks
- Decrease prenatal smoking & substance abuse
- Promote safe sleep practices
- Increase breastfeeding duration & exclusivity
- Support birth spacing & interconception wellness

INFANT MORTALITY FACTS

- •Infant mortality is defined as the death of a baby before his or her first birthday
- •The infant mortality rate (IMR) is the number of babies who die in the first year of life, per 1,000 live births
- Of the 643 Indiana infant deaths in 2011, 216 occurred in the Central Region
- Black infants are 1.8 times more likely to die than white infants in Indiana & 2.1 times more likely in the Central Region

CAUSES OF INFANT MORTALITY





SUIDs = Sudden Unexplained Infant Deaths
Perinatal Risks = Certain conditions originating in the
perinatal period (low birthweight, preterm, premature
rupture of membranes, bacterial sepsis of newborn, etc.)
Assaults/ Other Accidents = Homicide, accidental
inhalation/ingestion of food or other objects, falls, etc.

BIRTH OUTCOME INDICATORS

CENTRAL HOSPITAL REGION 2011

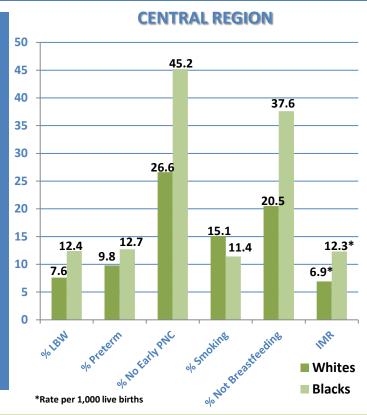


INDIANA QUICK FACTS

- Same LBW rate & better preterm rate compared to the nation
- Smoking rates among pregnant women are always one of the nation's worst
- Almost 1/3 of pregnant women do not receive early PNC
- Black women in Indiana are more likely to have a LBW or preterm baby & not get early PNC
- White women in Indiana are more likely to smoke during pregnancy

CENTRAL REGION QUICK FACTS

- Slightly higher rate of LBW & preterm babies than Indiana
- Higher rate of women receiving early PNC
- Lower rate of women smoking during pregnancy
- Higher rate of women breastfeeding at hospital discharge



| | % LBW (< 2,500 G) | % PRETERM (<37 WKS GESTATION) | % NO EARLY PNC (1 ST TRIMESTER) | % SMOKING | % NOT BREASTFEEDING |
|-------------------|-----------------------|-------------------------------------|--|-------------------|------------------------|
| BROWN | 1.7* | 6.6* | 34.7 | 16.5 | 14.0 |
| HAMILTON | 7.5 | 10.2 | 16.2 ^s | 3.4 ^s | 9.3 |
| HANCOCK | 5.6 | 9.2 | 20.4 ^s | 13.4 | 17.3 |
| HENDRICKS | 7.2 | 11.6 | 22.0 ^s | 9.5 ^s | 20.4 |
| JOHNSON | 7.6 | 9.6 | 31.4 | 17.9 | 24.1 |
| LAWRENCE | 10.6 | 9.6 | 21.9 ^s | 26.0 ^s | 30.9 |
| MARION | 9.1 ^s | 10.3 | 37.5 ^s | 14.3 ^s | 27.6 |
| MONROE | 7.6 | 9.2 | 21.3 ^s | 17.6 | 13.4 |
| MORGAN | 8.8 | 11.5 | 30.9 | 28.1 ^s | 29.5 |
| SHELBY | 6.3 | 8.5 | 24.0 ^s | 24.3 ^s | 33.2 |
| CENTRAL REGION | 8.4 | 10.2 | 30.8 | 13.6 | 23.3 |
| INDIANA | 8.1 | 10.0 | 31.9 | 16.6 | 26.0 |

^{* =} Unstable rate due to fewer than 20 birth outcomes. S = Significantly different from the state percent.